NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONSbefore submitting or form will be returned.

Reporting	Information		
Year: 2012			**************************************
Fill in circle if ame	endment 🔘		
Report Period:	O January/June	July/December	
Type of Lobbying:	Nonprocurement	O Procurement	OBoth
Client Filing Fee Ch	neck Number: 548	60	

FOR OFFICE USE ONLY

CH 54860 50 amendment

Cym 130900

HAND DELIVERED

RECEIVED JAN 15 2013

Client Information	
Name: Leading Age New york	
3 3 3	
Permanent Business Address: 13 British Procencian	Blvd., Sulle 2
city: Vatham	State: NU ZIP code: 12110
Business Phone: 578-867-8383	Fax Number: 518-867-8384
Third Party Beneficiary (see instructions):	
Lobbyist(s) Information & Compensation ((Any individual or organization that has lobbied on behalf of the cli	Current Period Only)
threshold was exceeded by that individual or organization.	ent must be reported below, regardless of whether the
A Type of Lobbyist: Retained C Employed	O Designated
Level of Gov't: State Lobbying O Local Lobby	ving O Both
Name: Whitewan Oskerman and Ho	MNA Phone Number: 518-487-7741
Address: One Commerce Plana	
city: Nubany	State: NU ZIP code: 12260
Compensation for current period: \$ 26250 .00	J
B Type of Lobbyist: ○ Retained © Employed	O Designated
Level of Gov't: State Lobbying Local Lobby	ring O Both
Name: James Clyne Jr., leading	Age MPhone Number: 518-867-8383
Address: 13 Bothsh Pomencan Blva.	
City: Vaknam	State: VV ZIP code: 17110
Compensation for current period: \$ 7500 .00	3
C Type of Lobbyist: O Retained	 Designated
Level of Gov't: State Lobbying Local Lobby	ring O Both
Name: ami J. Schmauber, laang Age	Phone Number: 518-867-8383
Address: 13 Botton American Bluc	
City: Lakham	State: NU ZIP code: 17110
Compensation for current period: \$ 5,763.00	
Continued on attached pages	
D TOTAL COMPENSATION of ALL lobbyists for current per	iod(A+B+C+addendum sheets): \$ 5/948.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please 'make a copy of this sheet.

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Lobbyist(s) Information & Compensation (Current Period Only) Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the three	shole
was exceeded by that individual or organization.	Si iOiC
Type of Lobbyist: O Retained Employed O Designated	
Level of Gov't: State Lobbying O Local Lobbying O Both	
Name: Day Hay LAMWAGE Pau VOVL Phone Number: 58-867-8383	
Address: 13 Birtish American Blvd. Silve 2	
City: Valla ZIP code: 1210	
Compensation for current period: \$ 4740 .00	
Type of Lobbyist: O Retained Employed O Designated	
Level of Gov't: State Lobbying O Local Lobbying O Both	
Name: Diavoc Davousaire Leadinafac Rus Will Phone Number: 578-867-8383	
Address: 13 BATKA PANNIAN Blyd. SILVE. 7	
City: VAYMAM State: VW ZIP code: 12110	
Compensation for current period: \$ 756 .00	
Type of Lobbyist: O Retained Employed O Designated	
Level of Gov't: State Lobbying O Local Lobbying O Both	
Name: Many Udill, Lading Age MW Wollehone Number: 578 867 8383	
Address: 13 British Mounium Blyd Strixe 2	
City: VI MILM ZIP code: 12110	
Compensation for current period: \$ 1030 .00	

Other Expenses (Current Semi-Annua	l Period Only)		
PAID TO: Anne HIII	DATE: 12/31/2012	O Ad	O Social Event
PURPOSE: 12/20/12 Parmers in guality	AMOUNT: \$ \78 .00	*Addendu	ım attached
O PROCUREMENT NONPROCUREMENT			
PAID TO: Grey House Publishing	DATE: 10/18/2012	O Ad	O Social Event
PURPOSE: 2012/13 MUS DIVELYOUM	AMOUNT: \$ 160.00	O *Addendu	ım attached
O PROCUREMENT ON NONPROCUREMENT			
PAID TO: LEAGLINGINGE NEW YOUR	DATE: 07/31 / 2012	O Ad	O Social Event
PURPOSE: 7/2012 Allogared GR CODIES	AMOUNT: \$ \26.00	O*Addendu	m attached
O PROCUREMENT O NONPROCUREMENT			
PAID TO: UNCLINANCE NEW YORK	DATE: 08/3/12012	OAd	O Social Event
PURPOSE: 8/2012 HIMDIATED GR COPLES	AMOUNT: \$ 78 .00	O*Addendu	m attached
O PROCUREMENT S NONPROCUREMENT			
PAID TO: WaangAge	DATE: 10/05/2012	OAd	O Social Event
PURPOSE: 4th MILLYCY CADUNA	AMOUNT: \$ 688.00	O*Addendur	m attached
O PROCUREMENT NONPROCUREMENT			

NONPROCUREMENT

O PROCUREMENT

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please 'make'a copy of this sheet.

Lobbyist(s) Information & Compensation (Current Period Only)

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Type of Lobbyist: O Retained Employed O Designated	
Level of Gov't: State Lobbying O Local Lobbying O Both	
Name: Ken Hams, Leading Fige Dew York Phone Numb	er: 518-867-83-83
Address: 13 BN KISH PMM COM BIVOL. SULVC 2	
City: VAXNAM State: NU	ZIP code: \2110
Compensation for current period: \$ 1584 .00	/
Type of Lobbyist: O Retained © Employed O Designated	
Level of Gov't: State Lobbying O Local Lobbying O Both	
Name: Dans VIVSkan, Language Len Withone Numb	per: 5\8 86\ 85\85
Address: 10 10 1/15/1 1917 UNI CONT BLY (1., SLUCE IL	10.10
City: VAXNAM State: NV	ZIP code: \\(\lambda \)
Compensation for current period: \$ 1,150 .00	
Type of Lobbyist: O Retained	
Level of Gov't: State Lobbying O Local Lobbying O Both	000000000000000000000000000000000000000
Name: PUXN CV DUCINIII, LAINGUGE ILIULIPHONE Numb	er: \$18'861-8385
Address: 13 bonson from an Biva., Sucre 2	10110
City: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ZIP code: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Compensation for current period: \$ \STU .00	
1	
Other Expenses (Current Semi-Annual Period Only)	
PAID TO: Olussa lareace. DATE: 05/31/120	12 O Ad O Social Event
PURPOSE: 9/21/12 PIA)PAIMUS IN AUMUMMOUNT: \$ 213.00	*Addendum attached
O PROCUREMENT NONPROCUREMENT	
PAID TO: Myssa Louclace DATE: 10/18/20	O Ad O Social Event
PURPOSE: 10/10/12 PIQ POMMUS IN QUAMBUNT: \$ 738.00	*Addendum attached
O PROCUREMENT NONPROCUREMENT	
PAID TO: Amy Samauber DATE: 10/ 18/20	O Ad O Social Event
PURPOSE: 10/10 PARMYS IN GULLLUNG AMOUNT: \$ 184.00	*Addendum attached
O PROCUREMENT NONPROCUREMENT	
PAID TO: SKAXCW OXCM DATE: 11 /09/20	12 O Ad O Social Event
PURPOSE: 2013 Leg. Unfo ACCESS FEC AMOUNT: \$ 2090.00	O *Addendum attached
O PROCUREMENT NONPROCUREMENT	
PAID TO: Whirehan Osterman & Hanna DATE: 10/18/201	2 OAd O Social Event
PURPOSE: 10/2012 LOWOU PEXAMOUNT: \$5250.00	O*Addendum attached

NONPROCUREMENT

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please 'make' a copy of this sheet.

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Lobbyist(s) Information & Compensation (Current Period Only	y regardless of whether the three	shold
Any individual or organization that has lobbied on behalf of the client must be reported below was exceeded by that individual or organization.	7, regardless of whether the thres	siloid
Type of Lobbyist: O Retained Employed O Designated		
Level of Gov't: State Lobbying O Local Lobbying O Both		
Name: Elliott Frost, Leading Tie Tow Lory Phone Number:	918-867-8383	
Address: 13 Bhhsh American Blvd., Surke 2		
City: Laxnam State: Ny	ZIP code: \2110	
Compensation for current period: \$ 390.00		
Type of Lobbyist: O Retained Employed O Designated		***************************************
Level of Gov't: State Lobbying Local Lobbying Both		
Name: SUSUM BUMMOLDMEN, LENGINGAGE NEW DOPHONE Number:	518-867-8383	
Address: 13 BNXISH Ameniam Blvd.		
City: UMMANN State: YW	ZIP code: \2\\0	
Compensation for current period: \$.00		
Type of Lobbyist: O Retained		
Level of Gov't: State Lobbying O Local Lobbying O Both		
Name: Oligoa Dictale Phone Number:	578-867-8383	
Address: 13 Botton amenden Blud, Stute 2		
City: Lakham State: Ny	ZIP code: \ZITO	
Compensation for current period: \$ 1163 .00		
Other Expenses (Current Semi-Annual Period Only)		
	O Ad O Social Eve	ent
PAID TO: WHEXENIAN DESCRIPTION & HOMBO DATE: 08 / 02 / 2012	O *Addendum attached	
PURPOSE: 7/2012 Labby Dexalver AMOUNT: \$ 5250.00		
PAID TO: WHATELLAN OSKUMAAN & NAMA DATE: 08/23/2012	O Ad O Social Eve	ent
	O *Addendum attached	
O PROCUREMENT ONONPROCUREMENT		
PAID TO: Whitehan Desterman & Hannagate: 10 105/12	O Ad O Social Eve	ent
TAID TO. OUT MARKET TOTAL THE TAIL TO THE	O *Addendum attached	
211222	O Ad O Social Eve	ent
	O *Addendum attached	***************************************
PURPOSE: LONG VEXILUTURE AMOUNT: \$ 10500.00		
2.2.2	, OAd O Social Eve	ent
200	O*Addendum attached	
PURPOSE: Le 12012 LIGISLAKIVE DELIVENES AMOUNT: \$ 785.00	O Addendam direction	

Please use the following addendum pages as continuation for the specified sections, If additional space is needed, please make a copy of this sheet.

Lobbyist(s) Inform	ation & Compens	ation (C	Curre	nt Perio	d Only	/)	是我是不够的
Any individual or organization t was exceeded by that individu	that has lobbied on beha ual or organization.	If of the cli	ent mus	t be repor	ted below	v, regardless	of whether the threshold
Type of Lobbyist: O Retai	ined O Employe	ed	O De	signated			
Level of Gov't: O State	Lobbying O Local Lo	obbying	O Bot	h			
Name:				Phone N	lumber:		
Address:							
City:				State:		ZIP co	de:
Compensation for current	period: \$.00					
Type of Lobbyist: O Reta	ained O Employ	ed	O Des	signated			
Level of Gov't: O State	e Lobbying O Local L	obbying	O Botl	h			
Name:				Phone N	lumber:		
Address:							
City:				State:		ZIP co	ode:
Compensation for current	period: \$.00					
Type of Lobbyist: O Retai	ined O Employ	ed	O De	signated			
Level of Gov't: O State	E Lobbying O Local Lo	obbying	O Bot	h		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name:				Phone N	umber:		
Address:							
City:				State:		ZIP co	de:
Compensation for current p	period: \$.00					0
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other Expenses (Currer	r se	mi-Annua	Period Only)	y # 1	
A Report in the aggregate all expen	ses les	s than or equa	l to \$75:	\$	528.00
B Report in the aggregate all expens	es for	salaries of non	-lobbying employees:	\$	00.
C Itemize each expense exceeding	\$75:				
PAID TO: Advantage Pron	opto	205	DATE: 09 / 20 /	2012	O Ad O Social Event
PURPOSE: O POVENCOS IN O PROCUREMENT O NONPRO			SAMOUNT: \$ 695	.00	O *Addendum attached
			D. #E		
PAID TO: American Express !	Ja'	エノ カ		2012	O Ad O Social Event
PURPOSE: 10/3 PIG VECEPTION O PROCUREMENT O NONPRO		MENIT	AMOUNT: \$ \6\	.00	O *Addendum attached
		MEINI			
Continued on attached po		ds \$75 for an i	ndividual vou must atta	ch the a	ddendum page listing the
expense, dollar amount attrib	outabl	e to the indivi	dual and the name, title	and em	ployer of the individual.
D Total expenses for current perio	d: \$	37,726	.00 (if applicable, includ	e all expe	enses from attached pages in total)
Source of Funding Discl	o cur				
Instructions: In the event only one	person	or entity is list	ed as the Single Source to	r a Contr	ibution(s), use Section A. In the
event multiple persons	or en	lities have bee	n aggregated as a Single	Source f	or a Contribution(s), use Section B.
received. If more than Addendum for the add	five C	ontributions from	om the Single Source have	the date been re	and the amount of the Contribution eceived, use section V(C) of the
Contribution(s) from Single Source			ACHED SPREAT)5L166	
Single Source Entity's Name:				POPICE	<u>.</u>
or Single Source Person's Last Name:			First Name	٥٠	and the second s
Address:			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>	- 4 to 3810
City:			State:		ZIP code:
Phone:					
Date Contribution Received:	/	1	Amount of Contr	ibution:	\$.00
Date Contribution Received:	/	1	Amount of Contr	ibution:	\$.00
Date Contribution Received:	/	1	Amount of Contr	ibution:	\$.00
Date Contribution Received:	/	1	Amount of Contr	ibution:	\$.00
Date Contribution Received:	/	1	Amount of Contr	ibution:	\$.00
Check here if using section V(C) of the	Adde	ndum for addi	ional Contributions:		0
Contribution(s) Single Source #2					
Single Source Entity's Name:					
or Single Source Person's Last Name:			First Name	:	
Address:					
City:			State:		ZIP code:
Phone:					
Date Contribution Received:	/	1	Amount of Contri	bution:	\$.00
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Source of Funding Disclosure				
B Single Source information for a Cont	ribution(s)	from m	ultiple, Related, or Affiliated Entities.	
Contributions from Single Source #1				
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	m Entity o	or Perso	n:	
Date Contribution Received:			Amount of Contribution: \$.00
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Entity's or Person's Full Name:				
Entity's or Person's Address:				
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Check here if using section V(C) of t	he Adder	ndum for	additional Contributions:	
Check here if using section V(B) of the Addendum fo	r addition	al Relat	ed, or Affiliated Entities or Persons:	
Contributions from Single Source #2	sanari marakani a anin	g maren gagaran		
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	m Entity o	or Perso	n:	
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Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	m Entity o	or Perso	n:	
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Automating Home Automates			(646) 505-3500	100242201	Y	New York		150 Riverside Drive	
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Address 1 Address 2 City Seri Zip Phone Control Zip Phone Ph	9 000	40/40/0040	(585) 427-7760	146183957	NY			ZOZI WIIIOH ROAD SOUTH	
Address 1	\$184.91	10/22/2012						2024 Winter Bood South	
Address 1	\$184.91	7/25/2012							
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Address 1	\$426.97	8/27/2012							
Address 1			(212) 342-9200	100403403	ΝΥ	New York		515 Audubon Avenue	Isabella Geriatric Center, Inc.
Address 1 Address 2 City S ^{NR} Zip Phone Date of Contribution Annue 1 11/20/2012 (207), 31-5860	\$190.11	10/3/2012							
Address 1	200	70000	(585) 671-4300	145802104	Z	Webster		1330 Empire Boulevard	I lavel
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Address 1 Address 2 City City City Controlled I Norton Avenue I Nor	\$831.53	10/12/2012	(0.0) 0.0						
Address 1 Address 2 City City City Controlled North North North Nersuse I North Avenue			(845) 876-2011	125721900	Ϋ́	Rhinebeck		21 Ferncliff Drive	chCare at Ferncliff Nursing Home
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Address 1 Address 2 City Stat Ztp Contribution Among Phone Contribution Among Date of Contribution Among Contribution Among Address 2 City Phone Contribution Among Contribution Among <			(718) 636-1000	112384205	Z Y	Brooklyn		520 Prospect Place	Center for Nursing & Rehabilitation
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St. Catherine of Siena Nursing and Rehabilitation Center	ATTN: Ms. Jean Bass - 2nd Floor	52 Route 24A	Smithtown	Y	117871346	117871346 (631) 862-3900		
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							7/11/2012	\$183.10
							10/12/2012	\$183.10

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X. Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet. **Itemized Expenses** Name of Individual: Anna Huu Amt Attributable to Individual: \$ 128 .00 Title of Individual: Ad AMILE Employer of Individual: PALLIX DALL HOURS (AVE. O.W.) Name of Individual: Amt Attributable to Individual: \$ 451 .00 Title of Individual: (\(\alpha \) () MUNGEmployer of Individual: Name of Individual: A Amt Attributable to Individual: \$.00 Title of Individual: DVC (NOV Employer of Individual:

Name of Individual:	Amt Attributable to Individual: \$.00
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Title of Individual:	Employer of Individual:
Subjects lobbied:	Person, State Agency, Municipality or Legislative Body lobbied:
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	Title and Identifying Numbers of procurement contracts/documents lobbied:
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

Subjects lobbied:	Person, State Agency, Municipality or Legislative Body labbled:
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Continued on attached pages	O Continued on attached pages
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N/A for reporting period.	NIA
Continued on attached pages	Continued on attached pages
Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
Governor/Mornelpainy lobbled.	compacts, etc loppled:
Executive compensation	NA
O Continued on attached pages	Continued on attached pages
Declaration	
This Declaration must be signed by the Chief Administrativ reason, does not sign, he/she must duly designate anothe	er person to sign this Declaration (See instructions)
I declare under penalty of perjury that the infor correct, and complete to the best of my knowle	mation contained in this report is true, edge and belief.
X SIGNATURE: Jan W. Cf. J	DATE: 1/15/13
PRINT NAME: LAST Clyne	FIRST James
TITLE: CEO	
Mark One: Schief Administrative Officer	Designee(Attach Letter)
The following MUST be attached to this repo	rt at the time of submission:

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.